



Agent Name _____
Phone _____
FAX _____
Email _____
Would you prefer your quote returned by;

FAX or EMAIL

LIFE QUOTE SHEET

CLIENT

Name _____
Date of Birth _____ Age _____
_____ Smoker _____ Non-Smoker
_____ Height _____ Weight _____ State _____

Health Conditions:

Prescription Drugs:

Face Amount: \$ _____

Term or WL or Final Expense _____

If Term: Length of Coverage _____ yrs

Riders:

_____ Waiver of Premium _____ Accidental Death
_____ Childrens Insurance _____ Return of Premium
_____ Other

◆Please note that all benefits are not available with every company◆

Emrick Insurance Marketing Group

800-247-6740